



Bay State College
Physical Therapist Assistant Program
Clinical Education Student Goals

Student Name: _____ **Date:** _____

Clinical Facility: _____

Clinical Education Course: **PTA130** **PTA240** **PTA250**

Please complete the following information based on your experience in lecture, lab, and if applicable, previous Clinical Education Experience(s). This information will assist your clinical instructor in planning the clinical experience.

Indicate your top four areas of strength:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Indicate your top four areas for improvement:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Draft four *specific, realistic, objective and measurable* goals you hope to accomplish during this Clinical Education Experience. These should relate to your areas for improvement and should be appropriate for the setting where you are assigned.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Use this space and the back of this sheet to provide any other pertinent information about yourself, your goals and/or your special interests: _____